



*Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans*

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# Communiqué

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## RESEARCH TO PRACTICE

### Focus on Telemedicine

Summary by Patricia Dubbert, Ph.D.

An article by Jay Shore in the March 2013 *American Journal of Psychiatry* provides a thoughtful and clinically relevant discussion of telemedicine in mental health, including administrative issues, the research evidence for effectiveness, and clinical issues in videoconferencing for psychiatric treatment. Shore points out that treatment by telemedicine has now been shown to be effective in a wide variety of mental health patient populations but important questions remain in the minds of many clinicians who wonder about the impact of this new way of relating to patients on accuracy of diagnosis, detection of subtle patient behavioral cues, and patient



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## The SC MIRECC TRIPS Program: Interviews with Past and Present Awardees

Interviewed by Ashley McDaniel

In 2003, the SC MIRECC created the Training Residents in Psychiatry Scholarship (TRIPS) program with the aim of increasing the number of psychiatry residents entering postresidency research training fellowships in the South Central VA Health Care Network (VISN 16). Intended to expose residents in psychiatry to research and academic careers, TRIPS represents a regional effort and collaboration between 10 VA medical centers and six schools of medicine in VISN 16. The TRIPS program also serves to increase the visibility of the SC MIRECC, improve resident perception of the VA and careers within the VA, and to recognize residents with research interests and promise.

TRIPS awardees are post-graduate year 2 psychiatry residents selected by their department chair or residency training director from SC MIRECC academic affiliates in Little Rock, Arkansas; Houston, Texas; New Orleans, Louisiana; Jackson, Mississippi; Shreveport, Louisiana; and Oklahoma City, Oklahoma. Awardees are assigned a career mentor, who assists them in career planning and keeps them up-to-date on active research projects relevant to

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safety. Some of the helpful points mentioned in the article include:

- the need for careful patient selection (no absolute contraindications but patients must have intact reality testing and ability to separate delusions from clinical interactions);
- the value of the clinician's awareness of how his/her visual gaze, behavioral mannerisms, and office background come across to patients;
- the necessity of having an adequate emergency protocol with all involved staff trained to respond when needed;
- the need for extra sensitivity to indications of intoxication (which may be more difficult to detect in the absence of smell); and
- the increased challenges in monitoring for potentially harmful escalation of emotion and behavior that may seem less intense when mediated by videoconferencing.

The many valuable suggestions for clinicians who use videoconferencing for diagnostic and/or treatment in mental health make it well worth the time to read this brief article.

In the April issue of the same journal, SC MIRECC Associate Director for Research John Fortney, with a team including SC MIRECC investigators Jeff Pyne, Dinesh Mittal, and Teresa Hudson, described a study relevant to VA staff concerned about providing adequate services in small clinics without specialized mental health staff. They investigated how collaborative care for depression provided by off-site telemedicine specialists (depression care manager nurse, pharmacist, psychologist, and psychiatrist) compared with on-site collaborative care provided by primary care providers and a depression care manager nurse. The mostly rural patients in this study were characterized by high levels of unemployment and low income, and about half were already receiving some depression treatment. Patients were randomly assigned to telemedicine or on-site collaborative care for 12 months. By the end of the study, the majority of patients in both groups had initiated antidepressant therapy at therapeutic dosages and adherence was high. However, patients receiving collaborative care from the off-site specialist team were much more likely to have responded to treatment, with lower depression scores and improved quality of life. These improvements were achieved without increasing the number of primary care visits.

If both groups were similar in use of pharmacotherapy, why were better results achieved with the off-site telemedicine specialist team? Although the study was not designed to answer this question, the investigators discuss several differences between the two treatments that may have contributed to the results. Their observations suggested that one of the most important differences was the greater use of behavioral activation to engage patients in physical, rewarding, and social activities by the telemedicine depression care nurse. Overall, the results show that an off-site telemedicine team can provide effective treatment for depression in a setting where it might otherwise be difficult or impossible to provide on-site specialist care. These results are likely to inspire future studies to evaluate the importance of the behavioral activation component.

These articles may be viewed at <http://www.ncbi.nlm.nih.gov/pubmed>.

### Citations

- Shore, J. H. (2013). Telepsychiatry: Videoconferencing in the delivery of psychiatric care. *American Journal of Psychiatry*, 170(3), 256-262.
- Fortney, J. C., Pyne, J. M., Mouden, S. B., Mittal, D., Hudson, T. J., Schroeder, G. W., Williams, D. K., Bynum, C. A., Mattox, R., & Rost, K. M. (2013). Practice-based versus telemedicine-based collaborative care for depression in rural federally qualified health centers: A pragmatic randomized comparative effectiveness trial. *American Journal of Psychiatry*, 170(4), 414-425. ♦

## Upcoming CBOC Mental Health Rounds

**Second Wednesdays Monthly**

**8:00-9:00 am CT**

**1 (800) 767-1750; 26461#**

June 12, 2013

*Competency & Decision Making  
in Health Care*

July 10, 2013

*Caregiver Support*

August 14, 2013

*Safety Planning App*

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their interests and opportunities for collaboration with SC MIRECC investigators. Awardees also receive \$1000 to attend a national meeting of their choice and/or pay for books or tuition.

New awardees participate in a didactic workshop led by two SC MIRECC investigators who are both research psychiatrists. Lectures cover a variety of topics, including an overview of the SC MIRECC and its academic mission, an overview of the TRIPS program and mental health research priorities, the benefits of a research career, and successful pathways to a research or academic career.

This month we want to share personal stories with our readers about what it's like to participate in the TRIPS program. We talked with Drs. Kelly Erwin, a past awardee, and Vijaya (VJ) Ekambaram, a current awardee, about their experience with TRIPS.

### **Kelly L. Erwin, M.D., M.P.H., Tulane University School of Medicine**



*Kelly L. Erwin, M.D., M.P.H.*

*Q. Please tell us a little about yourself.*

I am currently finishing my third year of residency at Tulane. Next year will be my last year, and I will be one of two chief residents, which I am very excited about. I hope to enter a fellowship in forensic psychiatry after that. In addition to forensic psychiatry,

I am also very interested in women's mental health, specifically peripartum mental health. Currently, I am working on a research project to evaluate changes in patient demographics and treatment outcomes in an outpatient forensic mental health clinic both before and after a Louisiana Supreme Court decision affecting the way patients in the clinic can be monitored. I hope to present this research at the American Academy of Psychiatry and the Law meeting in October and also to publish the results.

*Q. Was having a research career your goal before you joined the TRIPS program?*

I have always been interested in research, but I think the

TRIPS program made me realize how feasible it can be to incorporate research into a clinical practice. Before, I thought you really had to choose to be either a researcher or a clinician, and now I know that is not the case.

*Q. What opportunities did the TRIPS program afford you that you might not have had otherwise?*

TRIPS allowed me to attend the American Neuropsychiatric Association meeting, which I thoroughly enjoyed. I was also able to meet a lot of great people, from my fellow trainees at other institutions to academic physicians such as Dr. Kunik.

*Q. What is it like working with your mentor?*

My mentor is Gina Manguno-Mire, PhD, and I cannot say enough great things about her. She actually did a MIRECC research fellowship herself. She and I met in person more frequently initially, as I was getting started with my project, about every 2 weeks or so. Now that things are moving forward, we meet in person about once a month, but have contact via phone or email in between. She is always available if I have a question, and she helps to keep me motivated.

*Q. What was your experience fitting TRIPS into your existing work schedule?*

I have found that it's easy to make excuses as to why I'm too busy to work on my project, but the time is there if I look for it. I am doing a lot of chart reviewing right now, and while that is not a very exciting task, the thought of what will come of it is, and that helps to keep me motivated and to want to work on my research even late in the evening or on the weekends. I find it exciting to think that I could contribute something to the fund of clinical knowledge.

*Q. What improvements did you notice in your research, writing or other skills after working with your mentor?*

My writing skills have certainly improved with my work with my mentor. She has helped me to become more succinct and more clear in the message I am trying to convey. I always take the first stab at writing, and then I'll send what I have to her for suggestions and corrections. This forces me to try

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to improve each time, and I learn a lot from her suggestions.

**Q.** *Was the program what you expected it to be? Did it exceed your expectations?*

The program was much more relaxed than I expected it to be. I like that it provided mentorship and a framework, but it really left us to choose what kind of project we wanted to work on and with whom we wanted to work.

**Q.** *How do you think your career would have been different if you didn't participate in TRIPS?*

I find myself more easily thinking of new research questions and things that I would like to better understand. Before TRIPS, I had a vague understanding of what I wanted to research, but I had a hard time formulating research questions and thinking about how I would go about answering them. Now, I feel much more confident in my own abilities to develop new projects.

**Vijaya (VJ) Ekambaram, M.D., M.P.H., University of Oklahoma Health Sciences Center**



Vijaya (VJ) Ekambaram, M.D., M.P.H.

**Q.** *Please tell us a little about yourself.*

I am a second-year resident at the University of Oklahoma. I am interested in doing a fellowship in child psychiatry after my residency. I would also like to pursue a career in academic psychiatry and mental health research upon graduation. My current research interests

include exploring the risk factors and association of familial psychopathology in relation to adolescent suicide. Living in Oklahoma and having seen the devastating effects of natural and manmade disasters, I am also keen on studying post-disaster effects and their association with prevalence of substance use among youths.

**Q.** *How did you feel when you learned you were selected for TRIPS? Had you heard of the program before or talked to anyone that completed the program?*

I listened to Dr. Mark Kunik's lecture at the University of Oklahoma Department of Psychiatry Teaching Conference earlier this year. I got to know about the TRIPS Career Award and various other opportunities offered through the VA during that time. I was very glad when I learned that I had been nominated for the TRIPS Career Award by my program director. I know this award will provide me with an excellent opportunity to pursue my career goals towards mental health research and academic psychiatry.

**Q.** *Was having a research career your goal before you joined TRIPS?*

Yes, I always believed that my clinical aspirations need to be supported with adequate knowledge on research and practices. Even in medical school, I was actively involved in various research projects. I was also motivated to pursue a master's degree in public health to support my aspirations towards a research career.

**Q.** *What are you hoping to get out of the program?*

Even though I had the aspiration and interest for a research career, I didn't have enough guidance to accomplish it. I had lot of questions and concerns about choosing a career

### ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

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path. I hope that TRIPS will guide me in the right direction and help me to accomplish my career goals.

*Q. You recently completed the TRIPS Career Award Workshop. What was that like?*

The TRIPS Career Award Workshop boosted my aspirations towards my career goals. I now know the pros and cons of having an academic versus a research career in the real world. I learned about various steps and processes required behind the establishment of a successful career. The discussions with Dr. Laura Marsh clarified most of my unanswered questions during the workshop. I was glad to know that I would have a mentor for career guidance. TRIPS is also offering me a chance to attend a psychotherapy conference, where I can meet faculty and trainees from various sectors and get to know about their experiences and expertise. This workshop and opportunities provided by TRIPS will always stand as a guiding tool in choosing my career path.

*Q. What expectations do you have for your relationship with your mentor?*

I chose Dr. Betty Pfefferbaum as my TRIPS career mentor. I met with her couple of times after the workshop and we talked briefly about my career goals. I am actively involved in projects with her to improve my research skills and presentations. I am expecting my mentor to guide me in finding a right fellowship program and also help me in meeting my academic career goals.

For more information about TRIPS, visit [www.mirecc.va.gov/VISN16/trainingPrograms.asp](http://www.mirecc.va.gov/VISN16/trainingPrograms.asp) or contact Dr. Mark Kunik at [MKunik@bcm.edu](mailto:MKunik@bcm.edu). ♦

# CBOC Mental Health Rounds

2nd Wednesdays Monthly  
8:00-9:00 AM CT  
1-800-767-1750; 26461#

*Sponsored by the South Central MIRECC*

VA Mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds session titled "Competency and Decision-Making in Health Care" on Wednesday, June 12, 2013 at 8:00-9:00 a.m. (CT). This LiveMeeting session will be presented by Jami Fenner, J.D. and Steve Jones, LCSW. At the conclusion of this educational program, learners will be able to:

1. Utilize a framework for analyzing bioethical issues;
2. Describe constitutional and statutory basis of patients' right to refuse treatment;
3. Identify policies governing informed consent and advance care planning;
4. Discuss standards for determining decision-making capacity;
5. Describe various types of surrogate decision-makers; and
6. Find resources for addressing bioethical issues.

Call 1-800-767-1750 and use access code 26461# to participate. Contact Ashley McDaniel at [Ashley.McDaniel@va.gov](mailto:Ashley.McDaniel@va.gov) or (501) 257-1223 for registration and continuing education credit information.

## FY2014 Clinical Educator Grants Call for Applications

Don't miss your chance to submit a proposal for the FY2014 SC MIRECC Clinical Educator Grant program. These small grants (up to \$10,000 for multi-site projects) are designed to help clinicians develop innovative clinical education tools that benefit the mental health care of rural and other under-served Veterans. The SC MIRECC is especially interested in funding projects that involve collaborations between medical centers and community-based clinics.

Examples of past projects include a CD-ROM compendium of pain management information and tools for clinicians who treat Veterans with substance abuse, a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues, and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent clinical education products that the SC MIRECC makes available to clinicians free of charge. Additional products can be found at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have a great idea for an educational tool to improve care delivery, this may be the opportunity that you are looking for! **The deadline for submitting a proposal is August 1, 2013.** For more information about the Clinical Educator Grants, contact Dr. Geri Adler at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov) or Dr. Michael Kauth at [Michael.Kauth@va.gov](mailto:Michael.Kauth@va.gov).

- Download Application at [http://www.mirecc.va.gov/VISN16/docs/CEG\\_Application.pdf](http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf).
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